COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

☒ original
☐ design

NOTE: if the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check any of next two items and check appropriate one of at last three items.

☒ national stage of PCT
☐ supplemental

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL , CONTINUATION OR CIP

☐ divisional
☐ continuation
☐ continuation-in-part

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted)

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor *(if only one name is listed below)* or an original, first and joint inventor *(if plural names are listed below)* of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

APPARATUS FOR MAKING A FRACTURE CUT BETWEEN THE CUP AND THE

SAFETY RING IN PLASTIC CAPS

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), (b) or (c))*

(a) ☒ is attached hereto.
(b) ☐ was filed on _____ as ☐ Serial No. _____
    or ☐ Express Mail No. , as Serial No. not yet known _____
    and was amended on _____ *(if applicable).*

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter or encompassed in the statement of invention or claims. See 37 CFR 1.67.

(c) ☒ was described and claimed in PCT International Application No. PCT/IB03/03053 ____
filed on <u>June 30, 2003</u> and as amended under PCT Article 19 on _____ *(if any)*.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations § 1.56 (a).

☒ In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) ☐ no such applications have been filed.
(e) ☒ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which design   ated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITYCLAIMED UNDER 37 USC 119	
ITALY	BO2002A000422	JULY 2, 2002	☒ YES	☐ NO
WIPO	PCT/IB03/03053	JUNE 30, 2003	☒ YES	☐ NO
			☐ YES	☐ NO
			☐ YES	☐ NO
			☐ YES	☐ NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

_____

_____

_____

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and Registration number)*

Guido MODIANO	(Reg. No. _19,928)_
Albert JOSIF	(Reg. No. _22,917)_
Daniel J. O'BYRNE	(Reg. No. _36,625)_

SEND CORRESPONDENCE TO:

MODIANO & ASSOCIATI
Via Meravigli, 16
20123 MILANO – ITALY
EUROPE

DIRECT TELEPHONE CALLS TO:
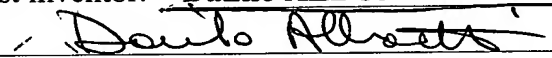(Name and telephone number)

MODIANO & ASSOCIATI
(+39) (02) 85.90.77.77

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor: __Danilo ALBONETTI__

Inventor's signature: _~Danilo Albonetti_

Date : __December 15, 2004__ Country of Citizenship: __ITALY__

Residence: __SASSO MORELLI – ITALY__ ᴵᵀˣ

Post Office Address: __Via Giardino, 11/B__
__40020 SASSO MORELLI – ITALY__

Full name of second or joint inventor, if any: ___

Inventor's signature: ___

Date : ___ Country of Citizenship: ___

Residence: ___

Post Office Address: ___

Full name of third or joint inventor, if any: ___

Inventor's signature: ___

Date : ___ Country of Citizenship: ___

Residence: ___

Post Office Address: ___

CHECK PROPER BOX(ES) IF ANY OF THE FOLLOWING ADDED PAGE(S) FORM A PART OF THIS DECLARATION

☐ Signature for third and subsequent joint inventors. Number of pages added
_____ .

☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____ .

☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____ .

* * *

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.

☐ Number of pages added _____ .

* * *

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

☒ This declaration ends with this page.